

## Symptom Checklist

Check one box for each symptom listed that your patient experienced. Check “none” if the symptom is absent. Score each symptom present by maximum severity during this clinical episode.

		symptom onset		severity score		
	none	date (mo/day/yr)	time (24 hr)	mild 1	moderate 2	severe 3
<b>General</b>						
Fever		___/___/20___	__ : __			
Chills		___/___/20___	__ : __			
increased perspiration		___/___/20___	__ : __			
weak/shaky		___/___/20___	__ : __			
watery eyes		___/___/20___	__ : __			
Itching		___/___/20___	__ : __			
Skin rash		___/___/20___	__ : __			
shortness of breath		___/___/20___	__ : __			
burning on urination		___/___/20___	__ : __			
other: _____		___/___/20___	__ : __			
<b>Gastrointestinal</b>						
Diarrhea		___/___/20___	__ : __			
abdominal pain		___/___/20___	__ : __			
Nausea		___/___/20___	__ : __			
Vomiting		___/___/20___	__ : __			
increased salivation		___/___/20___	__ : __			
other: _____		___/___/20___	__ : __			
<b>Neurologic</b>						
Headache		___/___/20___	__ : __			
light headed		___/___/20___	__ : __			
visual changes/disturbances		___/___/20___	__ : __			

### Severity Score

1. mild - patient notices a difference but still able to carry out usual everyday functions such as for self, family or work
2. moderate - difference noticeable by others; some difficulty and loss in carrying out usual everyday function(s)
3. severe - noticeable by others; incapacitated; unable to carry out usual everyday function(s)

	none	date (mo/day/yr)	time (24 hr)	minimal 1	mild 2	moderate 3
dizzy/vertigo		___/___/20___	__ : __			
stiff neck		___/___/20___	__ : __			
bad or metallic taste		___/___/20___	__ : __			
tooth pain		___/___/20___	__ : __			
hot & cold reversal		___/___/20___	__ : __			
peri-oral numbness or tingling		___/___/20___	__ : __			
lower extremity numbness or tingling		___/___/20___	__ : __			
upper extremity numbness or tingling		___/___/20___	__ : __			
other paresthesia specify: _____		___/___/20___	__ : __			
other: _____		___/___/20___	__ : __			
<b>Musculoskeletal</b>						
Myalgia		___/___/20___	__ : __			
Arthralgia		___/___/20___	__ : __			
lower extremity weakness		___/___/20___	__ : __			
lower extremity pain		___/___/20___	__ : __			
upper extremity weakness		___/___/20___	__ : __			
lower extremity pain		___/___/20___	__ : __			
other: _____		___/___/20___	__ : __			
<b>Miscellaneous</b>						
bradycardia (heart rate: _____)		___/___/20___	__ : __			
other: _____		___/___/20___	__ : __			
other: _____		___/___/20___	__ : __			

Data above collected on: date \_\_\_/\_\_\_/20\_\_\_  
time \_\_\_ : \_\_\_

Initials of individual reporting: \_\_\_\_\_

### Severity Score

1. mild - patient notices a difference but still able to carry out usual everyday functions such as for self, family or work
2. moderate - difference noticeable by others; some difficulty and loss in carrying out usual everyday function(s)
3. severe - noticeable by others; incapacitated; unable to carry out usual everyday function(s)